

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

44150K

JAN 25 1945

Registration District No. 872

Primary Registration District No. 45-26

Registrar's No. 6156A

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
Mywood Township
 (d) Length of stay: In hospital or institution (Specify whether)
 In this community 36 years (Specify whether)
 years, months or days 2

3. (a) PRINT FULL NAME Martha Amy Dawson3. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years7. Birth date of deceased March 29 (Month) 1857 (Day) (Year)8. AGE: Years 83 Months 8 Days 28 If less than one day hr. min.9. Birthplace Beechfield Ohio (City, town, or county) (State or foreign country)10. Usual occupation Retired School Teacher

11. Industry or business

12. Name Archibald Dawson 913. Birthplace Unknown 9 (City, town, or county) (State or foreign country)14. Maiden name Marriet Chambers15. Birthplace Unknown (City, town, or county) (State or foreign country)16. (a) Informant Brother Milton Dawson(b) Address Nevada, Mo. R#317. (a) Burial (b) Date thereof Dec. 29, 1940 (Month) (Day) (Year)(c) Place: burial or cremation Beechfield Cemetery Vernon Co.18. (a) Signature of funeral director Ferry Funeral Home(b) Address Nevada, Mo.19. (a) Jan. 4 1945 (b) Mrs. B. D. Carl (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Mywood Township
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27, year 1940 hour 9:00 minute A M.21. I hereby certify that I attended the deceased from Dec 26 1940 to Dec 27, 1940 that I last saw her alive on Dec 26 1940 and that death occurred on the date and hour stated above.Immediate cause of death Br. Pneumonia Duration Several Days.

Due to

Due to

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings:

Of operations ✓Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 1940 (Specify type of place) (e) Means of injury W. Love23. Signature W. Love (M. D. or other)Address Nevada, Mo Date signed 12/27/40

RECEIVED

District Health Officer No. 7,

District File Number 1-41-160

Date Filed 1-20-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Lloyd B. Winstead

Licensed Embalmer No. 3857

P. O. Address Meriden, Conn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.